

LTE June 2007

Dear Dr. Nash,

I read with great interest the articles by Maio et al. and Brixner et al. in the March, 2007 issue of the Health Policy Newsletter, concerning impact of publication of ALLHAT study results on physician behavior. Both authors conducted retrospective studies of large datasets -- Maio, claims data for a region in Italy, and Brixner, for a large electronic medical record primary care database -- in order to examine whether the ALLHAT recommendations regarding first line use of thiazide-type diuretics (THZDs) led to changing prescribing patterns. These analyses both observe relatively small changes in prescribing behavior and conclude that physicians are slow to adopt practice changes based on published evidence.

Although there is a wealth of published evidence of significant time lags in physician uptake of evidence-based guidelines and research findings, I question whether this conclusion can be drawn from the Maio and Brixner studies. From the limited methodologic information available in the Newsletter reports, it appears that neither study was able to clearly identify cases of first line use (i.e., newly diagnosed hypertensives started on an initial pharmacotherapy). As your own published work with PhRMA has pointed out, by the end of the ALLHAT study period, approximately 70 % of patients required multiple medications to control their blood pressure. So, even if physicians read ALLHAT reports and agreed with the findings, they would not see the results as applicable to treatment for their own well-established hypertensive populations, and would not discontinue therapies if blood pressure was being adequately controlled. In addition, as you know, ALLHAT findings were extremely controversial and have been challenged by many providers, professional societies, and academics. If the evidence is reported, but not widely agreed upon or accepted, we would not expect to see major changes in prescribing behavior. This is very different than saying that physicians do not change behaviors in the face of evidence.

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David,

I just wanted to take a minute to send you an email on your "Sunshine is the Best Disinfectant" article. I found it to be very educational and informative. HAI has always been something that I've run into over the course of my career in employee benefits with shock claimants on employer groups that have had complications and deaths due to infections happening in the hospitals. I have also been involved in worker's compensation claims where job related injuries progressed into hospitalization stays where limbs were

lost as result of HAI. Your article is something that I am passing on to some of my partners who deal with physicians and hospital groups in our area. Take care.

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